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May 25, 2006

MAY 25 2006

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention: TECHNOLOGY CENTER 3700</b>  <b>Examiner: Brian T. Gedeon Art Unit: 3766</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Filing of Response and Request for Reconsideration</b>  <b>App. No.: 10/612,770 Filed: 07/01/2003 Docket No.: A03P1047</b>  <b>Confirmation No.: 4998</b>	<b>Number of pages being sent: <u>11</u> (including cover page)</b>

**PLEASE DELIVER TO EXAMINER B. GEDEON, Art Unit 3766.**  
Thank you.

MAY 25 2006

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant:	James E. Brewer et al.	Confirmation No.	4998
Serial No.:	10/612,770	Examiner:	Brian Gedeon
Filed:	07/01/2003	Art Unit:	3766
Docket No.:	A03P1047		
For:	SYSTEM AND METHOD FOR DETERMINING CARDIAC GEOMETRY		

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TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

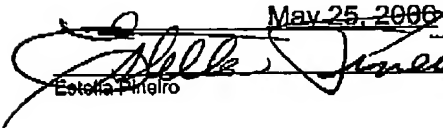
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Response and Request for Reconsideration
- ☒ Power of Attorney...and Revocation of Prior Powers
- ☒ Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office  
on:

  
Estelle P. Hefner  
May 25, 2006  
5/25/06  
Date

MAY 25 2006

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	21	21	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 6-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. <b>16-0068</b> the amount of	<b>\$0**</b>	<b>A copy of this letter is enclosed.</b>
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068


☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

5-25-06

  
Peter A. Nichols, Reg. No. 47,822  
Patent Attorney for Applicants

**CUSTOMER NUMBER: 36802**